

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee For Period Sept 1 to Sept 30, 2009

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	{ }	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	{ }	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	{ }	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	{ }	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	{ }	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	{ }	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 10/10/09
(date)

Debtor(s)*: Prevalence Health LLC

By:**

Position:

Name of preparer:

Telephone No. of Preparer 601-981-0070 ext 233

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NAME: Preston Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

ASSETS:	Filing Date	Month	Month	Month	Month	Month	Month	Month
	5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09	12/31/09
CURRENT ASSETS:								
Cash.....	570,988	616,560	513,396	406,712	417,638			
Accounts Receivable, Net.....	960,787	861,350	773,450	807,823	754,398			
Inventory, at lower of cost or market.....	369,452	372,870	402,769	400,478	0			
Prepaid expenses & deposits.....	118,110	151,593	170,837	139,466	172,958			
Other <u>Receivable from Sale of Assets</u>						④ 934,185		
TOTAL CURRENT ASSETS.....	2,019,337	2,002,363	1,860,452	1,754,419	2,249,179			
PROPERTY, PLANT & EQUIPMENT.....								
Less accumulated depreciation.....	2,386,097	2,386,097	2,386,097	2,386,096	0			
NET PROPERTY, PLANT & EQUIPMENT.....	(2,244,328)	(2,253,093)	(2,261,584)	(2,269,744)	0			
OTHER ASSETS •								
<u>Deposits</u>	141,769	133,024	124,593	116,352	0			
48,192	54,193	56,762	56,762	56,760				
TOTAL OTHER ASSETS.....								
TOTAL ASSETS.....	431,92	541,93	56,762	56,762	56,760			
	2,209,293	2,185,60	2,041,771	1,927,497	2,305,905			

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2-B
Page 1 of 2
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Adjustments from May 31 to June 9 are not available
④ Certain Assets of prevarience were sold effective 9/30/09. This amount represents the monies due the seller from the buyer at closing on 10/6/09

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:	Filing Date	Month	Month	Month	Month	Month	Month
POST-PETITION LIABILITIES:							
Taxes payable (Form 2-E, pg.1 of 3).....							
Accounts payable (Form 2-E, pg.1 of 3).....							
Other: <u>Accrued payroll, vacation</u> <u>Acc. Accrued vacation</u>	135,461	105,736	97,255	240,515			
TOTAL POST-PETITION LIABILITIES:.....	230,070	196,689	205,367	313,216			
PRE-PETITION LIABILITIES:							
Notes payable - secured.....							
Priority debt.....							
Unsecured debt.....							
Other.....							
TOTAL LIABILITIES.....	5850,600	58,927,361	59,277,339	5,863,010	5985451		
EQUITY (DEFICIT)							
PREFERRED STOCK.....							
COMMON STOCK.....							
RETAINED EARNINGS:							
Through filing date.....	69,635,427	94,635,427	99,635,427	99,635,427	99,635,427	99,635,427	99,635,427
Post filing date.....	131,499	1244,1667	1294,1717	138,2447			
TOTAL EQUITY (NET WORTH).....	43,041,3027	43,772,8017	43,885,4683	43,935,5137	43,679,5467		
TOTAL LIABILITIES & EQUITY.....	2,209,298	2,189,540	2,041,771	1,927,497	2,305,905		

* Adjustments from May 31 to June 9
are not available

CASE NAME: Prevalence Health Inc

CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month #	Month	Month	Month	Month	Month	Month
6/1/09 - 6/30/09	7/1/09 - 7/31/09	8/1/09 - 8/31/09	9/1/09 - 9/30/09				
NET REVENUE.....	1,234,205	1,136,933	1,051,634	986,153			
COST OF GOODS SOLD:							
Material.....	1,028,341	948,373	880,542	816,815			
Labor-Direct.....							
Manufacturing Overhead.....							
TOTAL COST OF GOODS SOLD:.....	1,028,341	948,373	880,562	816,815			
GROSS PROFIT:.....	205,864	188,560	171,122	94,338			
OPERATING EXPENSES:							
Selling and Marketing.....							
General and Administrative (rents, utilities, salaries, etc.)	323,598	291,324	211,439	205,451			
Other.....							
TOTAL OPERATING EXPENSES.....	1,491	1,488	615				
INTEREST EXPENSE.....	(122,734)	(104,253)	(41,805)	(136,728)			
INCOME BEFORE DEPRECIATION OR TAXES:.....							
DEPRECIATION OR AMORTIZATION.....	8165	8412	8240	7955			
Gain/Loss on Assets / ~ Expenses.....							
INCOME TAX EXPENSE (BENEFIT).....							
NET INCOME (LOSS).....	(131,499)	(112,667)	(50,045)	255,967			

*Requires explanation in NARRATIVE (Form 2-F)

FORM 2-C
1/08

* Adjustments from May 31 to June 30 are not available
 ⑥ Effective 9/30/09, Company sold the majority of its assets and assets

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period Sept 1 to Sept 30, 2009

CASH RECONCILIATION

1. Beginning Cash Balance (Ending Cash Balance from last month's report)	\$ <u>406,712</u>
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's)	\$ <u>431,647</u>
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's)	\$(<u>420,721</u>)
4. Net Cash Flow	\$ _____
5. Ending Cash Balance (to FORM 2-B)	\$ <u>417,638</u>

CASH SUMMARY - ENDING BALANCE

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$ _____	_____
2. Trust Account DIP Account	\$ <u>80</u>	<u>Regions</u>
3. Operating and/or Personal Account	\$ <u>417,558</u>	<u>Regions</u>
4. Payroll Account	\$ _____	_____
5. Tax Account	\$ _____	_____
6. Other Accounts (Specify checking or savings)	\$ _____	_____
7. Cash Collateral Account	\$ _____	_____
8. Petty Cash	\$ _____	_____
TOTAL (must agree with line 5 above)	<u>417,638</u>	

*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

ADJUSTED CASH DISBURSEMENTS

Cash disbursements on Line 3 above less
inter-account transfers & UST fees paid \$ 920,721 *

* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

QUARTERLY FEE SUMMARY

MONTHENDED Sept 30 2009

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ <u>825,337</u>			
Total				*
2nd Quarter	\$ <u>825,337</u>	\$ <u>4,875</u>	<u>61179</u>	<u>7/20/09</u>
July	\$ <u>1,309,312</u>			
August	\$ <u>1,070,434</u>			
September	\$ <u>920,721</u>			
Total				
3rd Quarter	\$ <u>3,300,467</u>	\$ <u>10,400</u>	<u>61390</u>	<u>10/16/09</u>
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

* Actually Paid *6,500

④ Actually Paid \$8,775
to make up for
Overpayment in
2nd Qtr.

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Sept 1 to Sept 30, 2009

Account Name: Prestige Wealth Account Number: 9001277993

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Total Cash Receipts \$ 931,647

Prevalence Health LLC
September 2009 Cash Deposits

Date	Description (Source)	Amount
9/1/2009	Insurance / Medicaid / Medicare	\$3,678.84
9/1/2009	Patient Co-Pay	\$12.84
9/1/2009	Patient Co-Pay	\$690.46
9/1/2009	Insurance / Medicaid / Medicare	\$3,385.88
9/1/2009	Insurance / Medicaid / Medicare	\$23,851.80
9/1/2009	Insurance / Medicaid / Medicare	\$25,888.60
9/2/2009	Patient Co-Pay	\$14.50
9/2/2009	Patient Co-Pay	\$271.80
9/2/2009	Expired Inventory Payment	\$2,384.62
9/2/2009	Insurance / Medicaid / Medicare	\$146.24
9/2/2009	Insurance / Medicaid / Medicare	\$1,080.15
9/2/2009	Insurance / Medicaid / Medicare	\$15,924.15
9/2/2009	Insurance / Medicaid / Medicare	\$46,228.60
9/3/2009	Patient Co-Pay	\$540.95
9/3/2009	Insurance / Medicaid / Medicare	\$12,803.72
9/3/2009	Insurance / Medicaid / Medicare	\$3,555.93
9/3/2009	Insurance / Medicaid / Medicare	\$4,908.28
9/3/2009	Insurance / Medicaid / Medicare	\$9,228.56
9/3/2009	Insurance / Medicaid / Medicare	\$16,568.56
9/4/2009	Patient Co-Pay	\$3.20
9/4/2009	Patient Co-Pay	\$737.75
9/8/2009	Patient Co-Pay	\$907.79
9/8/2009	Insurance / Medicaid / Medicare	\$215.49
9/8/2009	Insurance / Medicaid / Medicare	\$293.89
9/8/2009	Insurance / Medicaid / Medicare	\$580.24
9/9/2009	Insurance / Medicaid / Medicare	\$10.15
9/9/2009	Insurance / Medicaid / Medicare	\$1,063.41
9/9/2009	Patient Co-Pay	\$1,755.10
9/9/2009	Vendor Refund	\$138.24
9/9/2009	Insurance / Medicaid / Medicare	\$52,833.01
9/10/2009	Patient Co-Pay	\$33.00
9/10/2009	Patient Co-Pay	\$155.79
9/10/2009	Patient Co-Pay	\$206.50
9/10/2009	Insurance / Medicaid / Medicare	\$6.91
9/10/2009	Insurance / Medicaid / Medicare	\$675.52
9/10/2009	Insurance / Medicaid / Medicare	\$21,402.64
9/10/2009	Insurance / Medicaid / Medicare	\$31,226.62
9/10/2009	Insurance / Medicaid / Medicare	\$48,884.04
9/11/2009	Insurance / Medicaid / Medicare	\$82,096.25
9/14/2009	Patient Co-Pay	\$236.30
9/14/2009	Insurance / Medicaid / Medicare	\$3.00
9/14/2009	Insurance / Medicaid / Medicare	\$226.20
9/14/2009	Insurance / Medicaid / Medicare	\$497.69
9/14/2009	Insurance / Medicaid / Medicare	\$16,100.64
9/15/2009	Insurance / Medicaid / Medicare	\$572.64
9/15/2009	Insurance / Medicaid / Medicare	\$289.54
9/15/2009	Patient Co-Pay	\$1,251.08
9/15/2009	Insurance / Medicaid / Medicare	\$168.51
9/15/2009	Insurance / Medicaid / Medicare	\$545.06
9/15/2009	Insurance / Medicaid / Medicare	\$5,334.61
9/15/2009	Insurance / Medicaid / Medicare	\$28,702.60
9/15/2009	Insurance / Medicaid / Medicare	\$43,183.49

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
9/11/2009	Patient Co-Pay	\$163.55
9/11/2009	Insurance / Medicaid / Medicare	\$3.00
9/11/2009	Insurance / Medicaid / Medicare	\$174.56
9/11/2009	Insurance / Medicaid / Medicare	\$958.72
9/11/2009	Insurance / Medicaid / Medicare	\$25,249.23
9/11/2009	Insurance / Medicaid / Medicare	\$39,737.01
9/11/2009	Insurance / Medicaid / Medicare	\$671.59
9/11/2009	Insurance / Medicaid / Medicare	\$5,783.29
9/11/2009	Insurance / Medicaid / Medicare	\$18,616.08
9/11/2009	Patient Co-Pay	\$60.00
9/11/2009	Insurance / Medicaid / Medicare	\$7,567.73
9/11/2009	Insurance / Medicaid / Medicare	\$11,413.87
9/21/2009	Patient Co-Pay	\$157.00
9/21/2009	Insurance / Medicaid / Medicare	\$308.02
9/21/2009	Insurance / Medicaid / Medicare	\$6,742.28
9/22/2009	Patient Co-Pay	\$348.07
9/22/2009	Insurance / Medicaid / Medicare	\$74,997.91
9/23/2009	Patient Co-Pay	\$40.00
9/23/2009	Patient Co-Pay	\$50.00
9/23/2009	Insurance / Medicaid / Medicare	\$2,184.90
9/23/2009	Insurance / Medicaid / Medicare	\$41,066.96
9/24/2009	Patient Co-Pay	\$15.00
9/24/2009	Patient Co-Pay	\$141.02
9/24/2009	Insurance / Medicaid / Medicare	\$50.72
9/24/2009	Insurance / Medicaid / Medicare	\$72.00
9/24/2009	Insurance / Medicaid / Medicare	\$1,326.12
9/24/2009	Insurance / Medicaid / Medicare	\$18,895.22
9/25/2009	Patient Co-Pay	\$114.95
9/25/2009	Expired Inventory Payment	\$505.18
9/25/2009	Insurance / Medicaid / Medicare	\$11,357.64
9/25/2009	Insurance / Medicaid / Medicare	\$16,690.85
9/28/2009	Patient Co-Pay	\$4.50
9/28/2009	Patient Co-Pay	\$93.94
9/28/2009	Patient Co-Pay	\$457.64
9/28/2009	Insurance / Medicaid / Medicare	\$276.25
9/28/2009	Insurance / Medicaid / Medicare	\$16,761.34
9/29/2009	Insurance / Medicaid / Medicare	\$2,088.83
9/29/2009	Insurance / Medicaid / Medicare	\$1,376.04
9/29/2009	Patient Co-Pay	\$940.24
9/29/2009	Expired Inventory Payment	\$1,467.38
9/29/2009	Insurance / Medicaid / Medicare	\$154.76
9/29/2009	Insurance / Medicaid / Medicare	\$5,804.07
9/29/2009	Insurance / Medicaid / Medicare	\$2,804.54
9/29/2009	Insurance / Medicaid / Medicare	\$23,374.88
9/29/2009	Insurance / Medicaid / Medicare	\$21,775.98
9/30/2009	Insurance / Medicaid / Medicare	\$17.38
9/30/2009	Patient Co-Pay	\$298.47
9/30/2009	Insurance / Medicaid / Medicare	\$5.71
9/30/2009	Insurance / Medicaid / Medicare	\$889.54
9/30/2009	Insurance / Medicaid / Medicare	\$1,773.60
9/30/2009	Insurance / Medicaid / Medicare	\$6,808.37
9/30/2009	Insurance / Medicaid / Medicare	<u>\$47,509.96</u>
		<u>\$931,647.27</u>

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-e.p.

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Septl to Sept 30, 2009

Account Name: Prevalence Health Account Number: 9001277993

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Total Cash Disbursements \$ 920.72

*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

Prevalence Health LLC
September 2009 Cash Disbursements

Date	Number	Name	Description	Amount
9/1/2009	Wire 9 1 2009	Amerisource	Inventory	(\$72,962.34)
9/1/2009	Wire 9 1 09	Blue Cross Blue Shield	Medical Insurance	(\$573.44)
9/2/2009	Wire 9 2 09	Amerisource	Inventory	(\$53,701.13)
9/2/2009	wire 09 02 09	DDP Medical Supply	Inventory	(\$1,657.50)
9/2/2009	Wire 9 2 09	Regions Bank	Bank Fees	(\$55.95)
9/3/2009	wire 9 03 09	Amerisource	Inventory	(\$31,976.00)
9/3/2009	61287	Kerioth	Rent	(\$8,000.00)
9/3/2009	61288	Machost Road LLC	Rent	(\$7,737.50)
9/3/2009	wire 9 3 09	Pitney Bowes-INTERI	Product Delivery / Postage	(\$200.00)
9/4/2009	Wire 9 4 09	Amerisource	Inventory	(\$25,234.89)
9/8/2009	wire 9/8/09	Amerisource	Inventory	(\$45,321.53)
9/8/2009	61289	AT&T- ABN Acct.	Phone Services	(\$1,000.73)
9/8/2009	61295	Global Crossing Tele	Internet Service	(\$490.61)
9/8/2009	Wire 9/2/09	Home Diagnostics, In	Inventory	(\$6,168.00)
9/8/2009	61294	Kubra Tennessee LLC	Statement Printing	(\$1,300.00)
9/8/2009	61291	Michael Anthony	Expense Reimbursement	(\$634.70)
9/8/2009	61292	Moore Wallace An RF	Pharmacy Supplies	(\$169.09)
9/8/2009	61293	Shelia Gibbs	Expense Reimbursement	(\$14.70)
9/8/2009	61296	Shred-it	Shredding	(\$50.00)
9/8/2009	61297	Waste Management -Waste Management		(\$205.09)
9/8/2009	61298	Waste Management -Waste Management		(\$382.49)
9/8/2009	61299	Westport Business Pi	Rent	(\$5,666.21)
9/8/2009	61300	Will-cutt Lawn Service	Landscaping	(\$225.00)
9/9/2009	wire 9/9/09	Home Diagnostics, In	Inventory	(\$10,594.00)
9/9/2009	61302	UPS	Product Shipping	(\$11,239.91)
9/10/2009	wire 9 9 09	Amerisource	Inventory	(\$53,070.70)
9/10/2009	wire 9 10 09	Amerisource	Inventory	(\$35,057.92)
9/10/2009	Wire 9/9/09	Regions Bank	Bank Fees	(\$596.23)
9/10/2009	61301	ULINE	Parmacy Supplies	(\$442.75)
9/11/2009	Wire 9 11 09	Amerisource	Inventory	(\$30,505.11)
9/11/2009	Wire 9 11 09	Amerisource	Inventory	(\$2,507.25)
9/11/2009	61303	Blue Ox, LLC	Outsourced Accounting	(\$2,600.00)
9/11/2009	Wire 9 11 09	DDP Medical Supply	Inventory	(\$2,507.25)
9/11/2009	61304	Linda Susan Kemp	Expense Reimbursement	(\$400.00)
9/14/2009	wire9 1409	American Express	Miscellaneous Expenses	(\$4,079.61)
9/14/2009	Wire9 1409	Amerisource	Inventory	(\$24,486.78)
9/15/2009	wire 9 15 09	Amerisource	Inventory	(\$28,057.56)
9/15/2009	61305	AT&T - Florida	Phone Services	(\$185.62)
9/15/2009	61306	AT&T - W M S	Phone Services	(\$662.46)
9/15/2009	61307	Cintas Corporation	Pharmacy Supplies	(\$348.65)
9/15/2009	61308	City of Zachary	Utilities	(\$9.81)
9/15/2009	61309	FedEx	Product Shipping	(\$990.98)
9/15/2009	61310	Gas Utility Dist. #1	Utilities	(\$22.90)
9/15/2009	61311	Gerald Waguespack	Expense Reimbursement	(\$18.90)
9/15/2009	61314	Iron Mountain	Shredding	(\$47.39)
9/15/2009	61312	Iron Mountain Inform:	Data Backup	(\$1,930.05)
9/15/2009	61313	Lifoam Industries LLC	Pharmacy Supplies	(\$1,682.66)

Date	Number	Description	Amount
9/15/2009	61315	Louisiana Department Script Fees	(\$3,550.10)
9/15/2009	61316	OmniSys, Inc. Claims Processing	(\$1,879.75)
9/15/2009	61318	Pitney Bowes Global Lease	(\$2,956.17)
9/15/2009	61319	Pitney Bowes Inc. Postage Supplies	(\$105.37)
9/15/2009	Wire 9 15 09	Pitney Bowes-INTERI Product Delivery / Postage	(\$200.00)
9/15/2009	61320	Sprint Phone Services	(\$2,820.65)
9/15/2009	61321	Tri State Distribution, Pharmacy Supplies	(\$1,518.59)
9/15/2009	61322	UPS Product Shipping	(\$12,095.74)
9/16/2009	Wire 9 16 09	Amerisource Inventory	(\$16,584.97)
9/16/2009	Wire 9/16/09	Bayer HealthCare LLC Inventory	(\$6,003.60)
9/17/2009	wire 9 17 09	Amerisource Inventory	(\$13,763.27)
9/17/2009	61325	Secretary of State- St Miscellaneous Expenses	(\$50.00)
9/17/2009	61324	Westport Business P: Rent	(\$5,666.21)
9/18/2009	Wire 9 18 09	Amerisource Inventory	(\$25,632.18)
9/18/2009	Wire 9_18-09	Moore Wallace An RF Pharmacy Supplies	(\$1,580.63)
9/18/2009	61323	Quill Office Supplies	(\$232.84)
9/21/2009	61339	ACS Edi Gateway, Inc Claims Processing	(\$210.00)
9/21/2009	Wire 9 21 09	Amerisource Inventory	(\$37,246.52)
9/21/2009	61328	Arleatha Nichols Expense Reimbursement	(\$130.00)
9/21/2009	61326 by phone	AT&T - W M S Phone Services	(\$438.36)
9/21/2009	61329	Christopher W Bentor Pharmacist	(\$400.00)
9/21/2009	61330	FedEx Product Shipping	(\$2,118.40)
9/21/2009	61331	James Wyatt Walker Expense Reimbursement	(\$109.81)
9/21/2009	61332	Kentwood Springs Pharmacy Supplies	(\$30.07)
9/21/2009	61333	RelayHealth, Inc. Claims Processing	(\$1,079.01)
9/21/2009	61334	Service Janitorial LLC Janitorial Services	(\$569.00)
9/21/2009	61335	SMG Security System Security Services	(\$78.00)
9/21/2009	61336	Stanley Convergent SSecurity Services	(\$445.20)
9/21/2009	61337	UPS Product Shipping	(\$9,403.57)
9/21/2009	61338	Zayo Managed Servic Co-location of servers	(\$2,050.00)
9/22/2009	wire 9 22 09	Amerisource Inventory	(\$20,104.31)
9/23/2009	Wire 9 23 09	Amerisource Inventory	(\$32,785.11)
9/23/2009	Wire 9 23 09	Pitney Bowes-INTERI Product Delivery / Postage	(\$1,000.00)
9/23/2009	Wire 9 23 09	Pitney Bowes-INTERI Product Delivery / Postage	(\$200.00)
9/24/2009	wire 9 24 09	Amerisource Inventory	(\$15,360.85)
9/25/2009	wire 9 25 09	Amerisource Inventory	(\$37,429.14)
9/25/2009	61342	Blue Ox, LLC Outsourced Accounting	(\$4,031.25)
9/25/2009	61340 ck by phone	Quill Office Supplies	(\$630.46)
9/25/2009	61341 by phone	ULINE Pharmacy Supplies	(\$491.75)
9/28/2009	Wire 9 28 09	Amerisource Inventory	(\$3,467.77)
9/28/2009	61350	AT&T - Florida Phone Services	(\$876.54)
9/28/2009	61351	AT&T - W M S Phone Services	(\$1,815.25)
9/28/2009	61366 by phone	AT&T- ABN Acct. Phone Services	(\$1,689.43)
9/28/2009	61352	Avaya Financial Servi Phone System Rental	(\$1,150.15)
9/28/2009	61353	Bayou Cajun Termite Pest Control	(\$75.00)
9/28/2009	61354	Big Red Storage No. Off-site Storage	(\$99.00)
9/28/2009	61355	CobraSource, Inc. COBRA Management	(\$66.00)
9/28/2009	61356	Demco Utilities	(\$563.00)
9/28/2009	61357	FedEx Product Shipping	(\$1,312.62)
9/28/2009	61358	Florida Power & Light Utilities	(\$1,788.75)
9/28/2009	61359	Ikon Office Solutions Copier Lease	(\$206.72)

Date	Number	Name	Description	Amount
9/28/2009	61360	Ki Tennessee LLC	Statement Printing	
9/28/2009	61361	Pitney Bowes Inc.	Postage Supplies	(\$50.02)
9/28/2009	61363	Sun Microsystems GI	Capital Lease	(\$1,579.44)
9/28/2009	61364	T-Mobile	Cell Phone	(\$46.08)
9/28/2009	61365	UPS	Product Shipping	(\$7,832.86)
9/28/2009	Wire	Amerisource	Inventory	(\$49,340.00)
9/29/2009	Wire	Moore Wallace An RF	Pharmacy Supplies	(\$164.16)
9/29/2009	61369	Reliance Standard	Employee Benefits	(\$395.37)
9/30/2009	881		Payroll Journal Entry	(\$40,397.58)
9/30/2009	881		Payroll Journal Entry	(\$38,980.25)
9/30/2009	882		Payroll Journal Entry	(\$798.75)
9/30/2009	Wire 9 30 09	Amerisource	Inventory	(\$30,639.63)
9/30/2009	61371	Arleatha Nichols	Expense Reimbursement	(\$241.90)
9/30/2009	61370	POSTMASTER	PO Box Fee	<u>(\$362.00)</u>
				<u><u>(\$920,720.46)</u></u>

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Sept 1 to Sept 30, 2009

Account Name: Prevalence Health LLC Account Number: 0101894579
DIP

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

Total Cash Receipts

\$

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-0 016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period Sept 1 to Sept 30, 2009

Account Name: Prevalence Hea /u Account Number: 6101894579
DTT

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

\$

Total Cash Disbursements

\$

*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period Sept 1 to Sept 30, 2009

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS			\$ 82,246	\$ 18,435	\$ 13,187	\$ 18,773

Prevalence Health, LLC

September 30 2009 Post Petition Trade Payables

Vendor	Date	No.	Age	Open Balance	Category
Gerald Waguespack	9/13/2009	911-9130109	0	\$19.95	0-30
Wells Fargo Financial Leasing	9/30/2009	6745237646	0	\$298.03	0-30
Quill	9/13/2009	O# 85196583	0	\$422.19	0-30
OmniSys, Inc.	9/13/2009	514929	0	\$661.45	0-30
Cintas Corporation	9/13/2009	549803703	0	\$682.58	0-30
OmniSys, Inc.	9/13/2009	514930	0	\$702.70	0-30
Blue Ox, LLC	9/13/2009	60	0	\$1,156.25	0-30
American Express	9/13/2009	Sept 2009	0	\$1,669.46	0-30
Iron Mountain Information Management dbla Live Vault	9/13/2009	30048830	0	\$1,938.79	0-30
UPS	9/13/2009	9121-9130109	0	\$5,181.93	0-30
R.E.D. Electric	9/29/2009		1	\$97.00	0-30
Moore Wallace An RR Donnelley Co.	9/29/2009	873050230	1	\$134.50	0-30
ATILT - LA/MS	9/29/2009	0592 9129-10128109	1	\$666.96	0-30
Moore Wallace An RR Donnelley Co.	9/29/2009	169997267	1	\$1,313.09	0-30
AT&T - Florida	9/28/2009	1806 9128-10127109	2	\$21.74	0-30
AT&T - Florida	9/28/2009	1809 9128-10127109	2	\$38.86	0-30
Shred-it	9/28/2009	13312906364	2	\$50.00	0-30
AT&T - Florida	9/28/2009	1802 9128-10127109	2	\$125.02	0-30
Kentwood Springs	9/27/2009	0909 3772319 7436220	3	\$14.15	0-30
Global Crossing Telecommunications	9/26/2009	9032276241	4	\$490.61	0-30
Avaya, Inc.	9/26/2009	2729265177	4	\$761.48	0-30
UPS	9/26/2009		4	\$6,731.63	0-30
Kerioth	9/25/2009		5	\$8,000.00	0-30
Pitney Bowes Inc.	9/24/2009	5501073188	6	\$257.81	0-30
FedEx	9/24/2009	9-341-57993	6	\$1,234.00	0-30
Data Keepers LLC	9/23/2009	0012152	7	\$143.95	0-30
Will-cutt Lawn Service	9/21/2009	911-9130109	9	\$300.00	0-30
Westwood Square, P/S/P	9/20/2009		10	\$250.00	0-30
Banc Of America Leasing	9/20/2009		10	\$291.50	0-30
Machost Road LLC	9/20/2009		10	\$7,737.50	0-30
Westport Business Park Associates LLP	9/20/2009		10	\$11,103.57	0-30
Hamilton Partners	9/20/2009		10	\$14,769.94	0-30
AT&T- ABN Acct.	9/19/2009	1627239006	11	\$1,094.43	0-30
Pitney Bowes Inc.	9/18/2009	5501065893	12	\$149.57	0-30
North Shore Gas	9/16/2009	8112-9114109	14	\$70.44	0-30
PFS of the South, Inc.	9/15/2009		15	\$7,094.15	0-30
Pitney Bowes Global Financial Services LLC	9/13/2009	6613278-JY09A	17	\$2,563.88	0-30
ComEd- Commonwealth Edison	9/14/2009	8/6-9/4/09	26	\$1,608.16	0-30
Aetna Maintenance, Inc.	9/11/2009	92762	29	\$500.32	0-30
CT Corporation	9/11/2009	2004471657-00	29	\$1,620.00	0-30
Wells Fargo Financial Leasing	8/31/2009	6745198232	30	\$298.03	0-30
				\$82,245.62	Total
Quill	8/28/2009	8951299	33	\$511.08	31-60
Avaya, Inc.	8/26/2009	2729164647	35	\$761.48	31-60
Young Williams P.A.	8/24/2009	49592 Post - 1	37	\$74.75	31-60
Banc Of America Leasing	8/21/2009	011138583	40	\$291.50	31-60
Westwood Square, P/S/P	8/20/2009		41	\$250.00	31-60
Hamilton Partners	8/20/2009		41	\$14,769.94	31-60
North Shore Gas	8/13/2009	7/14-8/12/09	48	\$140.69	31-60
ComEd- Commonwealth Edison	8/6/2009	7/8-8/6/09	55	\$1,135.03	31-60
Aetna Maintenance, Inc.	8/1/2009	82761	60	\$500.32	31-60
				\$18,434.79	Total
Journal	7/31/2009	854	61	(\$7,782.84)	61-90
Wells Fargo Financial Leasing	7/31/2009	6745159529	61	\$298.03	61-90
North Shore Gas	7/30/2009	6/9-7/14/09	62	\$69.26	61-90

Vendor	Date	No.	Age	Open Balance	Category
Avaya, Inc.	7/26/2009	2729047343	66	\$761.48	61-90
Banc Of America Leasing	7/21/2009	011093620	71	\$326.50	61-90
Westwood Square, P/S/P	7/12/2009		72	\$250.00	61-90
Hamilton Partners	7/12/2009		72	\$14,769.94	61-90
Toyota Financial Services	7/17/2009	4000250558	75	\$207.09	61-90
Hamilton Partners	7/17/2009	090717-10786	75	\$633.01	61-90
North Shore Gas	7/16/2009	6112-7/14109	76	\$69.30	61-90
Broward County Revenue Collector	7/14/2009	Local Business Tax Renewal	78	\$45.00	61-90
ComEd- Commonwealth Edison	7/8/2009	618-718109	84	\$479.16	61-90
Young Williams P.A.	7/7/2009	49592 Pre	85	\$1,011.50	61-90
Anda	7/2/2009	780875	90	(\$30.00)	61-90
Hamilton Partners	7/2/2009	090702-10786	90	\$2,080.33	61-90
				\$13,187.76	61-90 Total
Anda	7/1/2009	774707	91	(\$48.43)	91-120
Anda	7/1/2009	775310	91	(\$47.54)	91-120
Wells Fargo Financial Leasing	6/30/2009	6745121525	92	\$298.03	91-120
Avaya, Inc.	6/26/2009	2728939461	96	\$761.49	91-120
Westwood Square, P/S/P	6/20/2009		102	\$250.00	91-120
Hamilton Partners	6/20/2009		102	\$14,769.94	91-120
North Shore Gas	6/15/2009	5/13-6/12/09	107	\$2,789.23	91-120
				\$18,772.72	91-120 Total
				<u>\$132,640.89</u>	Grand Total

Prevalence Health, LLC
Accrued Expenses - Month End Accruals
September 2009

<u>Description</u>	<u>Amount</u>
Miscellaneous Accrual	7,783
Reimbursement from Buyer for utilities	6,777
Reimbursement from Buyer for rent	27,070
Reimbursement from Buyer for leases assumed	2,729
Reimbursement from Buyer for inventory	99,321
US Trustee Fees	2,200
LA Script Fees	3,937
Outstanding Payroll Checks	2,684
2008 Audit & Tax Return	3,979
2008 FL operating expenses - Rent	134
401k Admin Fees	2,090
Florida Property Taxes	
Louisiana Property Taxes	
Amerisource Note Accrued Interest	1,278
Accrued Payroll & Vacation	<u>80,593</u>
Total Accrued Expenses	<u>240,575</u>
Balance per GL	<u>240,575</u>
Difference	_____

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period Sept 1 to Sept 30, 2009

ACCOUNTS RECEIVABLE AGING REPORT

10/15/2009

Prevalence Health, LLC
Accounts Receivable Summary
9/30/2009

Receivable from:	Current	31-60	61-90	91 - 120	120+	Total
Insurance (Medicaid)	\$ 423,415	\$ 41,433	\$ 12,667	\$ 13,372	\$ 209,139	\$ 700,026
Patients (Co-Pay)	\$ 15,530	\$ 15,808	\$ 13,022	\$ 17,102	\$ 159,574	\$ 221,034
Total Accounts Rec	\$ 438,945	\$ 57,239	\$ 25,689	\$ 30,474	\$ 368,713	\$ 921,060
Estimated Reserve	4,941	8,007	13,275	17,771	264,144	308,137
Insurance	0.25%	0.25%	2.0%	5.0%	50.0%	
Patients	25.0%	50.0%	100.0%	100.0%	100.0%	
AR per ScriptMed	\$ 921,060					
Deposits in NetSuite not Scriptmed	\$ (39,755)					
Deposits in Scriptmed not NetSuite	\$ 18,086					
Adjusted AR per ScriptMed	899,390					
AR per GL	<u>899,390</u>					
Difference	<u>0.47</u>					

Prepared by: _____

B.M.

Prevalence Health - LA
5323 Machost Rd
Zachary LA 70791

Report Date Sep 30, 2009
Responsible Collector None Defined

Report Date	Responsible Collector	Current	31-60	61-90	91-120	121-150	151-180	181-360	360+	Total
AETNA	AETNA PART D	\$531.49	\$600.00	\$16,388.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,567.87
AFL	AMERIGROUP FL	\$784.30	\$549.78	\$0.00	\$0.00	\$0.00	\$0.48	\$251.81	\$1,596.37	
AMERIBOLD	AMERICAN GROUP PART D	\$150.25	\$271.76	\$0.00	\$0.00	\$0.00	\$705.99	\$991.27	\$1,086.46	
BCBSILD	BCBS ILLINOIS PART D	\$0.00	\$10.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.40
COMED	COMMUNITY CARE PART D	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COMLAD	COMMUNITY CARE PART DL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,870.28	\$692.54	\$2,562.82
COVAD	COVENTRY PART DLA	\$36.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$429.53
FLM	FLORIDA MEDICAID	\$13,935.11	\$1,460.69	\$1,094.40	\$1,721.94	\$1,455.52	\$10,293.38	\$1,096.13	\$1,347.17	\$31,346.65
FIS	FLORIDA MEDICARE DME	\$12,515.86	\$6,217.76	\$1,126.77	\$1,991.66	\$6,659.98	\$16,501.93	\$19,870.41	\$19,870.41	\$13,546.79
HSLAD	HEALTHSPRING PART DLA	\$11,570.93	\$1,254.75	\$0.00	\$85.61	\$315.06	\$320.44	\$0.00	\$0.00	\$2,000.39
HUMED	HUMANIA PART D	\$1,210.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,136.58
HUMLAD	HUMANIA PART DL	\$7,539.53	\$184.01	\$127.54	\$0.00	\$0.00	\$123.17	\$138.51	\$8,112.76	\$8,112.76
ILW	ILLINOIS MEDICAID	\$5,617.00	\$16,936.93	\$1,024.03	\$24.68	\$561.02	\$3,886.32	\$3,892.84	\$3,892.84	\$36,652.22
IMM	INDIANA MEDICAID	\$199.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$120.83	\$574.65	\$925.40
DAW	LOUISIANA MEDICAID	\$30,070.06	\$1,310.55	\$1,370.01	\$1,183.72	\$1,589.01	\$1,395.22	\$1,381.95	\$1,380.74	\$73,380.74
MBC	MS BLUE CROSS LAMS	\$28.74	\$80.41	\$26.10	\$29.90	\$0.00	\$81.56	\$153.70	\$0.00	\$610.41
MEDE	MDCO PART D	\$92.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.20	\$0.00	\$959.16
MEDAD	MDCO PART DL	\$11,389.60	\$496.54	\$0.00	\$3.58	\$374.37	\$849.63	\$76.96	\$13,190.68	\$13,190.68
MEWED	MEMBER HEALTH PART D	\$37,203.86	\$1,024.29	\$1,018.00	\$1,010.00	\$1,010.00	\$1,024.55	\$0.00	\$0.00	\$34,153.09
MEMLAD	MEMBER HEALTH PART DL	\$22,219.52	\$775.56	\$128.26	\$487.72	\$39.76	\$1,447.32	\$0.00	\$0.00	\$25,098.14
MGNLD	MARQUETTE NATL PART D	\$10.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.16
MQNLAD	MARQUETTE NATL PART DL	\$4,470.55	\$0.00	\$22.84	\$0.00	\$97.47	\$134.38	\$2.31	\$4,727.55	\$4,727.55
MSW	MISSISSIPPI MEDICAID	\$9,957.57	\$9,636.93	\$8,656.83	\$8,656.83	\$1,252.55	\$7,581.09	\$6,225.66	\$6,225.66	\$22,883.77
MSS	MISSISSIPPI SUPPLIES	\$9,227.08	\$4,368.93	\$3,488.67	\$4,461.50	\$4,403.77	\$34,733.45	\$11,667.21	\$11,667.21	\$72,350.61
NDGAD	NDG PART D	\$17.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.06
OMN	OMNYS MEDICARE IL	\$27,235.64	\$2,440.09	\$1,206.44	\$5,529.97	\$1,287.62	\$13,399.61	\$5,116.52	\$45,458.89	\$45,458.89
PACED	PACIFICARE PART D	\$5,109.55	\$1,166.61	\$0.00	\$0.00	\$282.18	\$1,664.37	\$1,000.03	\$1,000.03	\$3,557.71
PACLAD	PACIFICARE PART DL	\$23,856.84	\$0.00	\$289.30	\$44.09	\$0.00	\$305.88	\$365.92	\$25,462.03	\$25,462.03
PAGWAD	PACIFICARE PART D	\$2,471.16	\$0.00	\$0.00	\$0.00	\$1,921.01	\$998.68	\$381.81	\$381.81	\$5,045.44
PCF	AMERIGROUP FLORIDA-PCS	\$3,430.54	\$1,295.32	\$0.00	\$220.11	\$0.00	\$72.07	\$887.74	\$6,025.78	\$6,025.78
POSLAD	POST PAYMENT PART D	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73.99	\$0.00	\$0.00	\$73.99
RXLAD	RX AMERICA PART DL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$257.38	\$0.00	\$0.00	\$257.38
SILAD	SILVERSCRIPT PART D	\$5,923.90	\$9,010.00	\$1,254.50	\$0.00	\$6,458.66	\$12,629.00	\$3,019.64	\$3,019.64	\$21,609.16
TNM	TENNESSEE MEDICAID	\$268.92	\$0.00	\$27.55	\$82.05	\$0.00	\$1,089.87	\$347.40	\$347.40	\$1,815.79
UNCF	UNITED HEALTHCARE PT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,556.99	\$0.00	\$0.00	\$1,556.99
UNFLD	UNICARE PART D FL	\$22,854.39	\$0.00	\$3.53	\$407.91	\$544.47	\$1,682.24	\$1,910.22	\$1,910.22	\$27,402.76
UNLAD	UNICARE PART DL	\$2,023.00	\$1,745.00	\$0.00	\$0.00	\$833.00	\$0.00	\$1,253.00	\$1,253.00	\$2,000.96
WLC	WELLCARE HEALTHEASE	\$3,087.79	\$0.00	\$0.00	\$0.00	\$0.00	\$609.02	\$1,516.45	\$1,516.45	\$5,213.26
WNC	WELLCARE PART D	\$15,927.16	\$2,473.77	\$2,473.70	\$1,346.50	\$1,346.50	\$1,346.50	\$1,346.50	\$1,346.50	\$21,942.47

Prevalence Health - LA
5323 Machost Rd
Zachary LA 70791

UPC0004 - Summary AR Report for Insurance

Report Date	Sep 30,2009	Responsible Collector	None Defined	Current	31-60	61-90	91-120	121-150	151-360	360+	Total
WIC/AB	WELLCARE PARADIA			\$8,112.93	\$55,76	\$0.00	\$0.00	\$0.00	\$78,85	\$46,78	\$9,209.32
Report Totals				\$423,415.29	\$41,433.11	\$12,667.10	\$13,372.28	\$15,109.03	\$118,152.15	\$75,878.35	\$700,027.31

CASENAME: Providence Health LLC CASE NUMBER 09-02016-ee

SUPPORTING SCHEDULES

For Period _____ to _____, 20____

INSURANCE SCHEDULE

Type	Carrier/Agent	Coverage (\$)	Date of Expiration	Premium Paid
Workers' Compensation	Arch Insurance	500,000	3/1/10	Yes
General Liability	Arch Specialty Insurance	3,000,000 A+S. OC.	3/1/10	Yes
Property (Fire, Theft)	Liberty Mutual Fire Ins.	4,250,000 B.I. 3,303,500 PP	3/1/10	Yes
Vehicle	Arch Specialty Insurance	1,000,000	3/1/10	Yes
Other (list):				
Crime	Westchester Fire Ins.	1,000,000	3/1/10	Yes
Directors + Officers	Darwin National Ins.	3,000,000	3/1/10	Yes

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

ACORD CERTIFICATE OF LIABILITY INSURANCE					OPRIVAS1	DATE (MM/DD/YYYY)	
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. P. O. Box 16447 Jackson MS 39236-6447 Phone: 601-956-5810 Fax: 601-957-7098			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON ME CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY M E POLICIES BELOW.				
INSURED Prevalence Health, LLC 4270 1-55 North, Ste 102 Jackson MS 39211			INSURERS AFFORDING COVERAGE			NAIC #	
			INSURER A: Arch Specialty Insurance Co.	21199			
			INSURER B: Marvin National Assurance Co.	16624			
			INSURER C:				
			INSURER D:				
			INSURER E:				
COVERAGES							
<p>THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>							
INSUREE LTR	INSUREE NODL	INSUREE NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	UNITS
A	X		GENERAL LIABILITY	FLP003074700	12/01/08	03/01/10	EACH OCCURRENCE \$ 1,000,000
			<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Per occurrence) \$ 250,000
			X Professional Liab			MED EXP (Any one person) \$ 5,000	
			GENL AGGREGATE UNIT APPLIES PER			PERSONAL & ADVERTISING \$ 1,000,000	
			<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- TECT <input type="checkbox"/> LOC			GENERAL AGGREGATE \$ 3,000,000	
			AUTOMOBILE LIABILITY			PRODUCTS - COMPAGG \$ 3,000,000	
			ANY AUTO			EMPLOYEE BENEFITS \$ 1,000,000	
			ALL OWNED AUTOS				
			SCHEDULED AUTOS				
			Hired AUTOS				
			NON-OWNED AUTOS				
			CAR GARAGE LIABILITY				
			ANY AUTO				
			<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY				
			<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				
			DEDUCTIBLE				
			RETENTION \$				
			WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY				
			ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				
			Not Applicable under SPECIAL PROVISIONS below				
B	Directors&Officers		Limit	3,000,000			
			DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS				
			Certificate Bolder is shown as an additional insured solely with respect to general liability and professional liability coverage as evidenced herein as required by written contract.				
			(Form #02EGJ000300 02/07)				

CERTIFICATE HOLDER	CANCELLATION	
MCAL000	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p><i>[Signature]</i></p>	
Ronald E. McAlpin Assistant US Trustee 100 W Capitol Street, Ste 706 Jackson MS 39269	10	DAYS WRITTEN

ACORD CERTIFICATE OF PROPERTY INSURANCE																													
<p>PRODUCER Arthur J. Gallagher Risk Management Services, Inc. P. O. Box 16447 Jackson MS 39236-6447</p> <p>INSURED Rebecca B. Chandler Phone: 601-956-5810 Fax: 601-957-7098</p> <p>Prevalence Health, LLC 4270 1-55 North, Ste 102 Jackson MS 39211</p>		<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p>		<p>DATE PAID/DO/YY 06/25/09</p>																									
COMPANIES AFFORDING COVERAGE																													
<table border="1"> <tr> <td>COMPANY A</td> <td colspan="5">Liberty Mutual Fire Insurance</td> </tr> <tr> <td>COMPANY B</td> <td colspan="5">Westchester Fire Ins. Co.</td> </tr> <tr> <td>COMPANY C</td> <td colspan="5"></td> </tr> <tr> <td>COMPANY D</td> <td colspan="5"></td> </tr> </table>						COMPANY A	Liberty Mutual Fire Insurance					COMPANY B	Westchester Fire Ins. Co.					COMPANY C						COMPANY D					
COMPANY A	Liberty Mutual Fire Insurance																												
COMPANY B	Westchester Fire Ins. Co.																												
COMPANY C																													
COMPANY D																													
COVERAGE(S)																													
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>																													
CO/LIN	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY																								
A	<input checked="" type="checkbox"/> PROPERTY	YU2L9L450864018	12/01/08	03/01/10	BUILDING	\$																							
	<input type="checkbox"/> CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 3,303,500																							
	<input type="checkbox"/> BASIC				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 4,250,000																							
	<input type="checkbox"/> BROAD				<input type="checkbox"/> EXTRA EXPENSE	\$																							
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$																							
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET PERNS PROP	\$																							
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$																							
	<input type="checkbox"/>				<input checked="" type="checkbox"/> Flood	\$ 1,000,000																							
	<input type="checkbox"/>				<input checked="" type="checkbox"/> Earth Movement	\$ 1,000,000																							
	<input type="checkbox"/>					\$																							
INLAND MARINE																													
TYPE OF POLICY																													
CAUSES OF LOSS																													
<input type="checkbox"/> NAMED PERILS																													
<input type="checkbox"/> OTHER																													
B	<input checked="" type="checkbox"/> CRIME	BMI20061594	12/01/08	03/01/10	Employee Theft	\$ 1,000,000																							
	TYPE OF POLICY				Retention	\$ 10,000																							
	Crime					\$																							
BOILER & MACHINERY																													
OTHER																													
LOCATION OF PREMISES/DESCRIPTION OF PROPERTY																													
SPECIAL CONDITIONS/OTHER COVERAGES																													
<p>Deductibles: All other perils - \$10,000; Earth Movement \$100,000 for New Madrid / \$50,000 for all other locations; Flood \$50,000; \$50,000 Named Storm for Zachary, LA location only; 5%Named Storm for Florida locations</p>																													
CERTIFICATE HOLDER & SIGNATURE			CANCELLATION																										
<p>Ronald H. McAlpin Assistant US Trustee 100 W Capitol Street, Ste 706 Jackson MS 39269</p>			<p>MCAL000</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.</p>																										

NOTEBOOK **HOLDER CODE** **DATE** **TOPIC** **PAGE**

Certificate holder is shown as a loss payee solely with respect to property coverage as evidenced herein as required by written contract per form RM1102 03/08.

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016-ee

NARRATIVE STATEMENT

For Period September 1, to September 30, 20 09

Please provide a brief description of the significant business and legal action by the debtor, its creditors or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

The primary focus of the Debtor in September was working with Guy Stillwell of Pharmacy Consultants Associates and Morton Branzburg, Esquire, a member of the Unsecured Creditors Committee, on the sale of the Debtor's business. The Debtor responded to information requests from, and participated in numerous conference calls and correspondence with various prospective purchasers during September which culminated in an auction conducted on September 15-16 and the approval of the sale to SafeMeds Solutions, LLC by the Bankruptcy Court at the final sale hearing on September 16. The Debtor also addressed both prior to and after the sale hearing, numerous operational issues related to the sale of its assets, including the scope of assets to be sold, numerous regulatory issues, litigation affecting the Debtor and its asses, status of leases and employment issues. The Debtor also devoted substantial time to bankruptcy administration and reporting obligations. Finally, the Debtor worked toward closing the sale of assets to SafeMeds pursuant to the Sale Order.

ID	Balance
Reconciled	
Cleared Deposits and Other Credits	931,647.27
Cleared Checks and Payments	(914,739.89)
Total - Reconciled	16,907.38
Last Reconciled Statement Balance - 813112009	420,464.10
Current Reconciled Balance	437,371.48
Reconcile Statement Balance - 913012009	437,371.48
Difference	0.00
Unreconciled	
Uncleared	
Checks and Payments	(21,339.39)
Total - Uncleared	(21,339.39)
Cleared	
Deposits and Other Credits	1,577.64
Total - Cleared	1,577.64
Total as of 913012009	417,609.73
	+ 29.00
	<i>Misc entry</i>
	<i>417,638</i>

Account Statement Date

[Refresh](#)

Prevalence Health, LLC
Reconciliation Detail - 1001 Regions
As of 913012009

ID	Date	No.	Balance
Reconciled			
Cleared Deposits and Other Credits			
Deposit	9/1/2009		29,567.44
Deposit	9/1/2009		23,851.80
Deposit	9/1/2009		12.84
Deposit	9/1/2009		3,385.88
Deposit	9/1/2009		690.46
Deposit	9/2/2009		15,924.15
Deposit	9/2/2009		14.50
Deposit	9/2/2009		271.80
Deposit	9/2/2009		46,228.60
Deposit	9/2/2009		146.24
Deposit	9/2/2009		2,384.62
Deposit	9/2/2009		1,080.15
Deposit	9/3/2009		9,228.56
Deposit	9/3/2009		16,568.56
Deposit	9/3/2009		12,803.72
Deposit	9/3/2009		540.95
Deposit	9/3/2009		3,555.93
Deposit	9/3/2009		4,908.28
Deposit	9/4/2009		3.20
Deposit	9/4/2009		737.75
Deposit	9/8/2009		907.79
Deposit	9/8/2009		293.89
Deposit	9/8/2009		580.24
Deposit	9/8/2009		215.49
Deposit	9/9/2009		10.15
Deposit	9/9/2009		138.24
Deposit	9/9/2009		1,755.10
Deposit	9/9/2009		53,896.42
Deposit	9/10/2009		31,226.62
Deposit	9/10/2009		33.00
Deposit	9/10/2009		206.50
Deposit	9/10/2009		155.79
Deposit	9/10/2009		6.91
Deposit	9/10/2009		48,884.04
Deposit	9/10/2009		675.52
Deposit	9/10/2009		21,402.64
Deposit	9/11/2009		82,096.25
Deposit	9/14/2009		3.00
Deposit	9/14/2009		16,100.64
Deposit	9/14/2009		236.30
Deposit	9/14/2009		226.20
Deposit	9/14/2009		497.69
Deposit	9/15/2009		1,251.08
Deposit	9/15/2009		44,759.24
Deposit	9/15/2009		5,334.61
Deposit	9/15/2009		28,702.60
Deposit	9/16/2009		3.00
Deposit	9/16/2009		958.72
Deposit	9/16/2009		39,737.01
Deposit	9/16/2009		163.55
Deposit	9/16/2009		25,249.23

ID	Date	No.	Balance
Deposit	9/16/2009		174.56
Deposit	9/17/2009		5,783.29
Deposit	9/17/2009		18,616.08
Deposit	9/17/2009		671.59
Deposit	9/18/2009		7,567.73
Deposit	9/18/2009		11,413.87
Deposit	9/18/2009		60.00
Deposit	9/21/2009		308.02
Deposit	9/21/2009		157.00
Deposit	9/21/2009		6,742.28
Deposit	9/22/2009		348.07
Deposit	9/22/2009		74,997.91
Deposit	9/23/2009		40.00
Deposit	9/23/2009		41,066.96
Deposit	9/23/2009		2,184.90
Deposit	9/23/2009		50.00
Deposit	9/24/2009		1,326.12
Deposit	9/24/2009		15.00
Deposit	9/24/2009		72.00
Deposit	9/24/2009		50.72
Deposit	9/24/2009		18,895.22
Deposit	9/24/2009		141.02
Deposit	9/25/2009		11,357.64
Deposit	9/25/2009		16,690.85
Deposit	9/25/2009		114.95
Deposit	9/25/2009		505.18
Deposit	9/28/2009		4.50
Deposit	9/28/2009		457.64
Deposit	9/28/2009		16,761.34
Deposit	9/28/2009		276.25
Deposit	9/28/2009		93.94
Deposit	9/29/2009		940.24
Deposit	9/29/2009		1,467.38
Deposit	9/29/2009		2,804.54
Deposit	9/29/2009		31,199.68
Deposit	9/29/2009		23,374.88
Deposit	9/30/2009		1,773.60
Deposit	9/30/2009		47,509.96
Deposit	9/30/2009		6,808.37
Deposit	9/30/2009		5.71
Deposit	9/30/2009		906.92
Deposit	9/30/2009		298.47
Total - Cleared Deposits and Other Credits			931,647.27
Cleared Checks and Payments			
Bill Payment	7/20/2009	61162	(160.02)
Bill Payment	8/24/2009	61267	(966.02)
Bill Payment	8/26/2009	61274	(572.77)
Bill Payment	8/31/2009	61285	(6,898.38)
Bill Payment	8/31/2009	61286	(180.00)
Bill Payment	8/31/2009	61279	(99.00)
Bill Payment	8/31/2009	61283	(148.81)
Bill Payment	8/31/2009	61281	(55.00)
Bill Payment	8/31/2009	61280	(70.00)
Bill Payment	8/31/2009	61282	(104.00)
Bill Payment	8/31/2009	61278	(1,150.15)
Bill Payment	8/31/2009	61284	(1,579.44)
Check	9/1/2009	Wire 9 1 09	(573.44)
Check	9/1/2009	Wire 9 1 2009	(72,962.34)

ID	Date	No.	Balance
Check	9/12/2009	Wire 9 2 09	(53,701.13)
Check	9/12/2009	Wire 9 2 09	(55.95)
Bill Payment	9/12/2009	wire 09 02 09	(1,657.50)
Check	9/13/2009	wire 9 03 09	(31,976.00)
Check	9/3/2009	wire 9 3 09	(200.00)
Bill Payment	9/13/2009	61287	(8,000.00)
Bill Payment	9/13/2009	61288	(7,737.50)
Check	9/14/2009	Wire 9 4 09	(25,234.89)
Check	9/18/2009	wire 918109	(45,321.53)
Bill Payment	9/8/2009	61297	(205.09)
Bill Payment	9/18/2009	61300	(225.00)
Bill Payment	9/18/2009	61299	(5,666.21)
Bill Payment	9/18/2009	61292	(169.09)
Bill Payment	9/18/2009	61294	(1,300.00)
Bill Payment	9/18/2009	61296	(50.00)
Bill Payment	9/18/2009	Wire 9/2/09	(6,168.00)
Bill Payment	9/8/2009	61295	(490.61)
Bill Payment	9/18/2009	61298	(382.49)
Bill Payment	9/18/2009	61291	(634.70)
Bill Payment	9/18/2009	61289	(1,000.73)
Bill Payment	9/18/2009	61293	(14.70)
Bill Payment	9/19/2009	61302	(11,239.91)
Bill Payment	9/19/2009	wire 9/9/09	(10,594.00)
Check	9/10/2009	Wire 919109	(596.23)
Check	9/10/2009	wire 9 9 09	(53,070.70)
Check	9/10/2009	wire9 1009	(35,057.92)
Bill Payment	9/11/2009	61301	(442.75)
Check	9/11/2009	Wire 9 11 09	(30,505.11)
Check	9/11/2009	Wire9 11 09	(2,507.25)
Bill Payment	9/11/2009	61304	(400.00)
Bill Payment	9/11/2009	Wire 9 11 09	(2,507.25)
Bill Payment	9/11/2009	61303	(2,600.00)
Check	9/14/2009	Wire9 1409	(24,486.78)
Bill Payment	9/14/2009	wire 9 14 09	(4,079.61)
Check	9/15/2009	Wire 9 15 09	(200.00)
Check	9/15/2009	wire 9 15 09	(28,057.56)
Bill Payment	9/15/2009	61306	(662.46)
Bill Payment	9/15/2009	61322	(12,095.74)
Bill Payment	9/15/2009	61311	(18.90)
Bill Payment	9/15/2009	61312	(1,930.05)
Bill Payment	9/15/2009	61309	(990.98)
Bill Payment	9/15/2009	61319	(105.37)
Bill Payment	9/15/2009	61313	(1,682.66)
Bill Payment	9/15/2009	61305	(185.62)
Bill Payment	9/15/2009	61321	(1,518.59)
Bill Payment	9/15/2009	61314	(47.39)
Bill Payment	9/15/2009	61308	(9.81)
Bill Payment	9/15/2009	61320	(2,820.65)
Bill Payment	9/15/2009	61307	(348.65)
Bill Payment	9/15/2009	61316	(1,879.75)
Bill Payment	9/15/2009	61315	(3,550.10)
Bill Payment	9/15/2009	61318	(2,956.17)
Bill Payment	9/15/2009	61310	(22.90)
Check	9/16/2009	Wire 9 16 09	(16,584.97)
Bill Payment	9/16/2009	Wire 916109	(6,003.60)
Check	9/17/2009	wire 9 17 09	(13,763.27)
Bill Payment	9/17/2009	61325	(50.00)
Bill Payment	9/17/2009	61324	(5,666.21)

ID	Date	No.	Balance
Check	9/18/2009	Wire 9 18 09	(25,632.18)
Bill Payment	9/18/2009	61323	(232.84)
Bill Payment	9/18/2009	Wire 9_18-09	(1,580.63)
Check	9/21/2009	Wire 9 21 09	(37,246.52)
Bill Payment	9/21/2009	61339	(210.00)
Bill Payment	9/21/2009	61331	(109.81)
Bill Payment	9/21/2009	61328	(130.00)
Bill Payment	9/21/2009	61336	(445.20)
Bill Payment	9/21/2009	61338	(2,050.00)
Bill Payment	9/21/2009	61330	(2,118.40)
Bill Payment	9/21/2009	61332	(30.07)
Bill Payment	9/21/2009	61334	(569.00)
Bill Payment	9/21/2009	61333	(1,079.01)
Bill Payment	9/21/2009	61329	(400.00)
Bill Payment	9/21/2009	61326 by phone	(438.36)
Bill Payment	9/21/2009	61337	(9,403.57)
Check	9/22/2009	wire 9 22 09	(20,104.31)
Check	9/23/2009	Wire 9 23 09	(1,000.00)
Check	9/23/2009	Wire 9 23 09	(32,785.11)
Check	9/23/2009	Wire 9 23 09	(200.00)
Check	9/24/2009	wire 9 24 09	(15,360.85)
Check	9/25/2009	wire 9 25 09	(37,429.14)
Bill Payment	9/25/2009	61342	(4,031.25)
Bill Payment	9/25/2009	61340 ck by phone	(630.46)
Bill Payment	9/25/2009	61341 by phone	(491.75)
Check	9/28/2009	Wire 9 28 09	(3,467.77)
Bill Payment	9/28/2009	61366 by phone	(1,689.43)
Check	9/29/2009	Wire	(164.16)
Check	9/29/2009	wire 9 29 09	(49,340.56)
Check	9/30/2009	Wire 9 30 09	(30,639.63)
Journal	9/30/2009	881	(79,377.83)
Journal	9/30/2009	882	(798.75)
Bill Payment	9/30/2009	61371	(241.90)
Bill Payment	9/30/2009	61370	(362.00)
Total - Cleared Checks and Payments			(914,739.89)
Total - Reconciled			16,907.38
Last Reconciled Statement Balance - 8/31/2009			420,464.10
Current Reconciled Balance			437,371.48
Reconcile Statement Balance - 9/30/2009			437,371.48
Difference			0.00
Unreconciled			
Uncleared			
Checks and Payments			
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	3/4/2009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00)
Check	5/22/2009	eft 05 22 09	(200.00)
Bill Payment	5/26/2009	61018	(54.00)
Bill Payment	6/5/2009	61061	(18.90)
Bill Payment	6/9/2009	61063	(770.00)
Bill Payment	9/21/2009	61335	(78.00)
Bill Payment	9/28/2009	61354	(99.00)
Bill Payment	9/28/2009	61352	(1,150.15)
Bill Payment	9/28/2009	61356	(563.00)
Bill Payment	9/28/2009	61361	(50.02)
Bill Payment	9/28/2009	61364	(46.08)

ID	Date	No.	Balance
Bill Payment	9/28/2009	61350	(876.54)
Bill Payment	9/28/2009	61353	(75.00)
Bill Payment	9/28/2009	61355	(66.00)
Bill Payment	9/28/2009	61359	(206.72)
Bill Payment	9/28/2009	61360	(29.92)
Bill Payment	9/28/2009	61351	(1,815.25)
Bill Payment	9/28/2009	61357	(1,312.62)
Bill Payment	9/28/2009	61358	(1,788.75)
Bill Payment	9/28/2009	61365	(7,832.86)
Bill Payment	9/28/2009	61363	(1,579.44)
Bill Payment	9/29/2009	61369	(395.37)
Total - Checks and Payments			(21,339.39)
Total - Uncleared			(21,339.39)
Cleared			
Deposits and Other Credits			
Journal	12/31/2007		1,577.64
Total - Deposits and Other Credits			1,577.64
Total - Cleared			1,577.64
Total as of 9/13/2009			417,609.73

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

00102242 02 AT 0.482 002
PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

001
27
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1 of 10

COMMERCIAL ANALYZED CHECKING
September 1, 2009 through September 30, 2009

SUMMARY

Beginning Balance	\$420,464.10	Minimum Balance	\$341,105
Deposits & Credits	\$931,647.27	+	
Withdrawals	\$784,573.63	-	
Fees	\$596.23	-	
Automatic Transfers	\$0.00	+	
Checks	\$129,570.03	-	
Ending Balance	\$437,371.48		

DEPOSITS & CREDITS

09/01	Deposit - Thank You	29,567.44
09/01	Deposit - Thank You	690.46
09/01	Memberhealth Cln Payment Tedsmeds.Recei 2145922	23,851.80
09/01	Memberhealth Cln Payment Tedsmeds.Recel 2143985	3,385.88
09/01	Merchant Service Merch Dep Health Allianc 8003547554	12.84
09/02	Deposit - Thank You	15,924.15
09/02	Deposit - Thank You	2,384.62
09/02	Deposit - Thank You	271.80
09/02	Unisys Corp Payment-LA Prevalence Hea 00234061063919	46,228.60
09/02	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	1,080.15
09/02	EDS Corporation Ilssa/Dh 1821009333 Pre 200810340A	146.24
09/02	Merchant Service Merch Dep Health Allianc 8003547554	14.50
09/03	Deposit - Thank You	9,228.56
09/03	Deposit - Thank You	540.95
09/03	Regions Bank Acct Trans MS364174656 Ccooley	16,568.56
09/03	State of Florida Medicaid Prevalence Hea 022400600	12,803.72
09/03	State of Florida Medicaid Prevalence Hea 022400601	4,908.28
09/03	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090829	3,555.93
09/04	Deposit - Thank You	737.75
09/04	Merchant Service Merch Dep Health Allianc 8003547554	3.20
09/08	Deposit - Thank You	907.79
09/08	Deposit - Thank You	580.24
09/08	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	293.89
09/08	State of III Commercial 0006Prevalence Ah4398415002488	215.49
09/09	Deposit - Thank You	53,896.42
09/09	Deposit - Thank You	1,755.10
09/09	Deposit - Thank You	138.24
09/09	Deposit - Thank You	10.15
09/09	Unisys Corp Payment-LA Prevalence Hea 00234061064835	48,884.04
09/09	Merchant Service Merch Dep Health Allianc 8003547554	33.00
09/09	State of III Commercial 0006Prevalence Ah4412292002474	6.91
09/10	Deposit - Thank You	155.79
09/10	State of Florida Medicaid Prevalence Hea 022400600	31,226.62
09/10	State of III Commercial 0006Prevalence Ah4428013002193	21,402.64

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

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DEPOSITS & CREDITS (CONTINUED)

09/10	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	675.52
09/10	Merchant Service Merch Dep Health Allianc 8003547554	206.50
09/11	Regions Bank Acct Trans MS364174656 Ccooley	82,096.25
09/14	Deposit - Thank You	16,100.64
09/14	Deposit - Thank You	236.30
09/14	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	497.69
09/14	State of III Commercial 0006Prevalence Ah4469893002534	226.20
09/14	Merchant Service Merch Dep Health Allianc 8003547554	3.00
09/15	Deposit - Thank You	44,759.24
09/15	Deposit - Thank You	1,251.08
09/15	Memberhealth Cln Payment Tedsmeds.Recei 2154958	28,702.60
09/15	Memberhealth Cln Payment Tedsmeds.Recei 2152998	5,334.61
09/16	Deposit - Thank You	25,249.23
09/16	Deposit - Thank You	163.55
09/16	Unisys Corp Payment-LA Prevalence Hea 00234061065814	39,737.01
09/16	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	958.72
09/16	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	174.56
09/16	State of III Commercial0006Prevalence Ah4489740000675	3.00
09/17	Regions Bank Acct Trans MS364174656 Ccooley	18,616.08
09/17	State of Florida Medicaid Prevalence Hea 022400601	5,783.29
09/17	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090912	671.59
09/18	State of III Commercial 0006Prevalence Ah4531850002130	11,413.87
09/18	State of III Commercial 0006Prevalence Ah4531850002131	7,567.73
09/18	Merchant Service Merch Dep Health Allianc 8003547554	60.00
09/21	Deposit - Thank You	6,742.28
09/21	Deposit - Thank You	157.00
09/21	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	308.02
09/21	Merchant Service Merch Dep Health Allianc 8003547554	4.50
09/22	Deposit - Thank You	74,997.91
09/22	Deposit - Thank You	348.07
09/23	Deposit - Thank You	2,184.90
09/23	Deposit - Thank You	50.00
09/23	Unisys Corp Payment-LA Prevalence Hea 00234061066660	41,066.96
09/23	Merchant Service Merch Dep Health Allianc 8003547554	40.00
09/24	Deposit - Thank You	141.02
09/24	Deposit - Thank You	50.72
09/24	Regions Bank Acct Trans MS364174656 Ccooley	18,895.22
09/24	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	1,326.12
09/24	State of Florida Medicaid Prevalence Hea 022400601	72.00
09/24	Merchant Service Merch Dep Health Allianc 8003547554	15.00
09/25	Deposit - Thank You	16,690.85
09/25	Deposit - Thank You	505.18
09/25	Deposit - Thank You	114.95
09/25	State of III Commercial 0006Prevalence Ah4616437002710	11,357.64
09/28	Deposit - Thank You	16,761.34
09/28	Deposit - Thank You	457.64
09/28	State of III Commercial 0006Prevalence Ah4627946001115	276.25
09/28	Merchant Service Merch Dep Health Allianc 8003547554	93.94
09/29	Deposit - Thank You	31,199.68
09/29	Deposit - Thank You	1,467.38

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

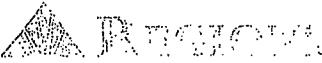
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DEPOSITS & CREDITS (CONTINUED)

09/29	Deposit - Thank You	940.24
09/29	Memberhealth Cln Payment Tedsmeds.Recel 2163986	23,374.88
09/29	Memberhealth Cln Payment Tedsmeds.Recel 2162054	2,804.54
09/30	Deposit - Thank You	906.92
09/30	Deposit - Thank You	298.47
09/30	Unisys Corp Payment-LA Prevalence Hea 00234061067607	47,509.96
09/30	State of III Commercial 0006Prevalence Ah4658375002551	6,808.37
09/30	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	1,773.60
09/30	State of III Commercial 0006Prevalence Ah4658375002552	5.71
Total Deposits & Credits		\$931,647.27

WITHDRAWALS

09/01	Wire Transfer American Recie	72,962.34
09/01	Blue Cross of MS Insur Prem Prevalence Hol 0041599	573.44
09/02	Wire Transfer American Recie	53,701.13
09/02	Wire Transfer Home Diagnosi	6,168.00
09/02	Wire Transfer Emily Corp	1,657.50
09/02	Merchant Service Merch Fee Health Allianc 8003547554	55.95
09/03	Wire Transfer American Recie	31,976.00
09/03	Pitney Bowes Postage Prevalence Hea 42906255	200.00
09/04	Wire Transfer American Recie	25,234.89
09/08	Wire Transfer American Recie	45,321.53
09/09	Wire Transfer American Recie	53,070.70
09/09	Wire Transfer Home Diagnosi	10,594.00
09/10	Wire Transfer American Recie	35,057.92
09/10	Pay Systems of A 6207 Payrl Prevalence Hea 6207 6207	20,822.66
09/11	Wire Transfer American Recie	30,505.11
09/11	Wire Transfer American Recie	2,507.25
09/11	Wire Transfer Emily Corp.	2,507.25
09/11	Pay Systems of A Tax Col Health Allianc	10,665.14
09/14	Wire Transfer American Recie	24,486.78
09/14	American Express Elec Remit Stacey L Holt 090911062689131	4,079.61
09/15	Wire Transfer American Recie	28,057.56
09/15	Pitney Bowes Postage Prevalence Hea 42906255	200.00
09/16	Wire Transfer American Recie	16,584.97
09/16	Wire Transfer Bayer Corporat	6,003.60
09/17	Wire Transfer American Recie	13,763.27
09/17	Staples Quill CO Echeck cooley 1256818011	232.84
09/18	Wire Transfer American Recie	25,632.18
09/18	Wire Transfer Moore Wallace	1,580.63
09/21	Wire Transfer American Recie	37,246.52
09/21	Att Payment Prevalence Hea 897950001Csrl	438.36
09/22	Wire Transfer American Recie	20,104.31
09/23	Wire Transfer American Recie	32,785.11
09/23	Pitney Bowes Postedge Bonnie Savole 37968013	1,000.00
09/23	Pitney Bowes Postage Prevalence Hea 42906255	200.00
09/24	Wire Transfer American Recie	15,360.85



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WITHDRAWALS (CONTINUED)

09/24	Pay Systems of A 6207 Payrl Prevalence Hea 6207	6207	19,574.61
09/24	Pay Systems of A Tax Col Health Allianc		10,300.47
09/24	Staples Quill CO Echeck chris cooley 1156441242		630.46
09/25	Wire Transfer American Recie		37,429.14
09/28	Wire Transfer American Recie		3,467.77
09/29	Wire Transfer American Recie		49,340.56
09/29	Wire Transfer Moore Wallace		164.16
09/30	Wire Transfer American Recie		30,639.63
09/30	Att 800-452-2248AT&T Bus Ivr Transactio 8310001341011		1,689.43

Total Withdrawals \$784,573.63

FEES

09/09	Analysis Charge	08-09	596.23
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CHECKS'

Date	Check No.	Amount	Date	Check No.	Amount
09/16		1,000.73	09/14	61303	2,600.00
09/04	61162 *	160.02	09/23	61304	400.00
09/01	61267 *	966.02	09/22	61305	185.62
09/01	61274 *	572.77	09/22	61306	662.46
09/04	61278 *	1,150.15	09/24	61307	348.65
09/04	61279	99.00	09/23	61308	9.81
09/10	61280	70.00	09/21	61309	990.98
09/08	61281	55.00	09/18	61310	22.90
09/03	61282	104.00	09/24	61311	18.90
09/04	61283	148.81	09/21	61312	1,930.05
09/04	61284	1,579.44	09/21	61313	1,682.66
09/02	61285	6,898.38	09/21	61314	47.39
09/08	61286	180.00	09/21	61315	3,550.10
09/09	61287	8,000.00	09/21	61316	1,879.75
09/14	61288	7,737.50	09/22	61318 *	2,956.17
09/09	61291 *	634.70	09/23	61319	105.37
09/14	61292	169.09	09/22	61320	2,820.65
09/08	61293	14.70	09/22	61321	1,518.59
09/14	61294	1,300.00	09/17	61322	12,095.74
09/15	61295	490.61	09/22	61324 *	5,666.21
09/16	61296	50.00	09/18	61325	50.00
09/15	61297	205.09	09/22	61328 *	130.00
09/15	61298	382.49	09/28	61329	400.00
09/14	61299	5,666.21	09/28	61330	2,118.40
09/14	61300	225.00	09/28	61331	109.81
09/11	61301	442.75	09/25	61332	30.07
09/14	61302	11,239.91	09/28	61333	1,079.01

Regions Bank

Jackson 210 E Capitol ST Main
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PREVALENCE HEALTH LLC
 PO BOX 12648
 JACKSON MS 39236-2648



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CHECKS (CONTINUED)

Date	Check No.	Amount	Date	Check No.	Amount
09/29	61334	569.00	09/02	910500 *	798.75
09/28	61336 *	445.20	09/17	910503 *	2,683.90
09/24	61337	9,403.57	09/11	910504	4,048.38
09/25	61338	2,050.00	09/16	910505	795.12
09/25	61339	210.00	09/14	910506	883.23
09/28	61341 *	491.75	09/14	910507	499.15
09/30	61342	4,031.25	09/28	910509 *	4,048.38
09/30	61370 *	362.00	09/30	910510	795.12
09/30	61371	241.90	09/25	910511	920.30
09/02	910498 *	2,683.90	09/28	910512	657.47

Total Checks \$129,570.03

* Break In Check Number Sequence.

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
09/01	402,897.95	09/11	402,070.31	09/22	441,610.15
09/02	396,984.40	09/14	360,247.66	09/23	450,451.72
09/03	412,310.40	09/15	410,959.44	09/24	415,314.29
09/04	384,679.04	09/16	452,811.09	09/25	403,343.40
09/08	341,105.22	09/17	449,106.30	09/28	408,114.78
09/09	372,933.45	09/18	440,862.19	09/29	417,827.78
09/10	370,649.94	09/21	400,308.18	09/30	437,371.48

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 terms, fees, and rate information (if applicable)
 for your account by contacting any Regions office.

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 or visit us on the Internet at www.regions.com.

Thank You For Banking With Regions!

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PREVALENCE HEALTH LLC
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ACCOUNT # 9001277993

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Check# 0 09/16/2009 \$1000.73

Check# 61162 09/04/2009 \$160.02

Check# 61267 09/01/2009 \$966.02

Check# 61274 09/01/2009 \$572.77

Check# 61278 09/04/2009 \$1150.15

Check# 61279 09/04/2009 \$99.00

Check# 61280 09/10/2009 \$70.00

Check# 61281 09/08/2009 \$55.00

Check# 61282 09/03/2009 \$104.00

Check# 61283 09/04/2009 \$148.81

Check# 61284 09/04/2009 \$1579.44

Check# 61285 09/02/2009 \$6898.38

Check# 61286 09/08/2009 \$180.00

Check# 61287 09/09/2009 \$8000.00

Check# 61288 09/14/2009 \$7737.50

Check# 61291 09/09/2009 \$634.70

Check# 61292 09/14/2009 \$169.09

Check# 61293 09/08/2009 \$14.70

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JACKSON MS 39236-2648



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Check# 61294 09/14/2009 \$1300.00

Check# 61295 09/15/2009 \$490.61

Check# 61296 09/16/2009 \$50.00

Check# 61297 09/15/2009 \$205.09

Check# 61298 09/15/2009 \$382.49

Check# 61299 09/14/2009 \$566.21

Check# 61300 09/14/2009 \$225.00

Check# 61301 09/11/2009 \$442.75

Check# 61302 09/14/2009 \$11239.91

Check# 61303 09/14/2009 \$2600.00

Check# 61304 09/23/2009 \$400.00

Check# 61305 09/22/2009 \$185.62

Check# 61306 09/22/2009 \$662.46

Check# 61307 09/24/2009 \$348.65

Check# 61308 09/23/2009 \$9.81

Check# 61309 09/21/2009 \$990.98

Check# 61310 09/18/2009 \$22.90

Check# 61311 09/24/2009 \$18.90

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PO BOX 12648
JACKSON MS 39236-2648



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Check# 61312 09/21/2009 \$1930.05

Check# 61313 09/21/2009 \$1682.66

Check# 61314 09/21/2009 \$47.39

Check# 61315 09/21/2009 \$3550.10

Check# 61316 09/21/2009 \$1879.75

Check# 61318 09/22/2009 \$2956.17

Check# 61319 09/23/2009 \$105.37

Check# 61320 09/22/2009 \$2820.65

Check# 61321 09/22/2009 \$1518.59

Check# 61322 09/17/2009 \$12095.74

Check# 61324 09/22/2009 \$5666.21

Check# 61325 09/18/2009 \$50.00

Check# 61328 09/22/2009 \$130.00

Check# 61329 09/28/2009 \$400.00

Check# 61330 09/28/2009 \$2118.40

Check# 61331 09/28/2009 \$109.81

Check# 61332 09/25/2009 \$30.07

Check# 61333 09/28/2009 \$1079.01

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PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



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PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 61334 Date 09/29/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$569.00
Signature: [Handwritten Signature]

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 61336 Date 09/28/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$445.20
Signature: [Handwritten Signature]

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 61337 Date 09/24/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$9403.57
Signature: [Handwritten Signature]

Check# 61334 09/29/2009 \$569.00

Check# 61336 09/28/2009 \$445.20

Check# 61337 09/24/2009 \$9403.57

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 61338 Date 09/25/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$2050.00
Signature: [Handwritten Signature]

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 61339 Date 09/25/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$210.00
Signature: [Handwritten Signature]

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 61341 Date 09/28/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$491.75
Signature: [Handwritten Signature]

Check# 61338 09/25/2009 \$2050.00

Check# 61339 09/25/2009 \$210.00

Check# 61341 09/28/2009 \$491.75

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 61342 Date 09/30/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$4031.25
Signature: [Handwritten Signature]

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 61370 Date 09/30/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$362.00
Signature: [Handwritten Signature]

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 61371 Date 09/30/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$241.00
Signature: [Handwritten Signature]

Check# 61342 09/30/2009 \$4031.25

Check# 61370 09/30/2009 \$362.00

Check# 61371 09/30/2009 \$241.00

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 910498 Date 09/02/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$2683.90
Signature: [Handwritten Signature]

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 910500 Date 09/02/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$798.75
Signature: [Handwritten Signature]

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 910503 Date 09/17/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$2683.00
Signature: [Handwritten Signature]

Check# 910498 09/02/2009 \$2683.90

Check# 910500 09/02/2009 \$798.75

Check# 910503 09/17/2009 \$2683.00

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 910504 Date 09/11/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$4048.38
Signature: [Handwritten Signature]

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 910505 Date 09/16/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$795.12
Signature: [Handwritten Signature]

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 910506 Date 09/14/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$883.23
Signature: [Handwritten Signature]

Check# 910504 09/11/2009 \$4048.38

Check# 910505 09/16/2009 \$795.12

Check# 910506 09/14/2009 \$883.23

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 910507 Date 09/14/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$499.15
Signature: [Handwritten Signature]

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 910509 Date 09/28/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$4048.38
Signature: [Handwritten Signature]

PREVALENCE HEALTH LLC
4210 118 NORTH
ROUTE 101
JACKSON, MS 39211
Check# 910510 Date 09/30/2009
Payee: PREVALENCE HEALTH LLC
Amount: \$795.12
Signature: [Handwritten Signature]

Check# 910507 09/14/2009 \$499.15

Check# 910509 09/28/2009 \$4048.38

Check# 910510 09/30/2009 \$795.12

ALL INFORMATION

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210 East Capitol Street
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PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

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<p>RECEIVED NOV 1 2009 ALL INFORMATION PREVALENCE HEALTH 210 EAST CAPITOL STREET SUITE 101 JACKSON, MS 39201 PAY AND ORDERED PAYABLE AND DATED 2009 TO M B ORDER OF: ED 0100 0000 JACKSON MS 39201 JACKSON, MS 39201 <i>Signature</i></p>	<p>CHECK DATE: SEP 25, 2009 CHECK NO.: 0910511 PAY TO THE ORDER OF: ED 0100 0000 JACKSON MS 39201 JACKSON, MS 39201 <i>Signature</i></p>
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Check# 910511 09/25/2009 \$920.30

Check# 910512 09/28/2009 \$657.47



Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

00084517 01 AV 0.335 001
PREVALENCE HEALTH LLC
CHAPTER 11 DEBTOR IN POSSESSION
CASE NO#09-02016-EE
4270 ■ 55 N STE 102
JACKSON MS 39211-6394



ACCOUNT # 0101894579

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COMMERCIAL ANALYZED CHECKING

September 1, 2009 through September 30, 2009

SUMMARY

Beginning Balance	\$80.01	<i>xo C/L</i>	Minimum Balance	\$58
Deposits & Credits	\$0.00	+		
Withdrawals	\$0.00			
Fees	\$21.07	<i>y/e</i>		
Automatic Transfers	\$0.00	+		
Checks	\$0.00	-		
Ending Balance	\$58.94			

FEES

09/09	Analysis Charge	08-09	21.07
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DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
09/09	58.94				

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